

EDITORIAL

PIVOTING COVID-19 VACCINATION THROUGH MVAX: A PERSPECTIVE FROM AN LMIC SETUP

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Several countries including Pakistan have already started deploying booster vaccinations owing to the COVID-19 pandemic yet in Pakistan populace is not fully vaccinated yet and currently Pakistan has braced for another potential Covid-19 surge, as the number of cases in the nation has been escalating, driving the positive rate even higher. Vaccine inequity and acceptance has been an issue in Pakistan owing to lack of knowledge, lack of proximity to healthcare facilities, poor socio-economic status, etc. Also, the behaviour of the populace in Pakistan varies from that of other countries in that when COVID-19 cases declined, individuals thought the virus has been abolished and they stopped following standard operating procedures (SOPs). In this context, this article introduces the notion of mobile vaccination for everyone, which may be implemented to improve vaccination coverage.

Keywords: Booster vaccines; COVID-19; Pakistan; Mobile-vaccine

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The COVID-19 pandemic has culminated in unparalleled shifts in the health care sector and human lives globally. Till date, more than 1 million cases and over 30 thousand deaths have been reported in Pakistan.¹ Increasing prevalence of SAR-CoV-2 infection has given rise to intensive efforts to deploy COVID-19 booster vaccines to restrain the pandemic.² Like other countries, Pakistan too started deploying COVID-19 booster vaccination for populace and the aim of this strategy was to immunize people in a healthy environment and to comply with health recommendations through a comprehensive policy.³ There is an immense amount of work going on to vaccinate the whole country via boosters, and suddenly in recent days, the country saw an uptick in COVID instances. The black cave has reappeared in the shape of a 6th wave and for the first time since March, the countrywide positivity ratio has climbed to more than 2% since the beginning of the week. The positive ratio in the past 24 hours was 2.42 percent, according to government figures.⁴ If the no. of escalating cases is converted into fatalities, then neither our healthcare nor our collapsing economy can endure. Further this new variant may transmit minimal symptoms but their blistering transmissibility cannot be ignored as it can wreak havoc on people who immunity has already impaired.

Since the beginning When COVID-19 emerged in Pakistan, people had a degraded moral attitude towards this epidemic in contrast to the West and America. The single remedy and preventive against Coronavirus, “stay safe, and

wear mask” could not influence Pakistani population at large.⁵ Unfortunately, as cases decline, individuals believe the virus has been vanquished and discontinue following standard operating procedures (SOPs), as well as people attending wedding ceremonies would not wear mask or even if someone wore a mask, it would just be around the person's neck. People would even laugh at those wearing face masks.⁶ Further mis/disinformation has led to another tsunami influencing the public on COVID-19 vaccination acceptance. Lastly, the unprecedented amount of misinformation has also influenced rural residents' ability to get the vaccine.⁷ Demographics such as geriatric and homebound in both urban and rural areas are mostly affected as public transit, which may not allow disadvantaged or aged people to access hospitals.⁸

Also owing to restricted access to the Internet, mobile phone devices and other technology in remote regions, it is difficult for people living there to acquire reliable information leading to digital divide.⁹ So many barriers to health services needs to be addressed to identify ways to ensure health and protection for all.

A nation that is anxious about the long consequences would not waste precious time before engaging in public awareness initiatives. The booster immunisation campaign requires a little sprinkling so that an integral service to get us over the curve may be reinstated. Given the widespread tendency to be cautious, saturating the healthcare system with mVax (mobile vaccine) van is an unspoken order of the day. This mobile clinic

should be scheduled to drive to various sites across the country and spend about one to two hours delivering the vaccine door to door at each location. It would require ample amount of manpower including driver, emergency services to set up a trailer for vaccination, person for registration of vaccine recipients, nurses to administer vaccine. The mVax would address underserved populations with inadequate vaccination rates and where the virus has had the most impact. The health department needs to promote and advertise these mobile clinics through mHealth, social media and electronic media so that maximum people can get benefit. Public health planners should use their understanding of the needs of community as a whole and the geographical situation to create a strategy that would support the highest number of people. The implementation of high-quality public health services such as mobile clinics may face numerous obstacles. Success can only be accomplished by our capacity to resolve these obstacles.

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